

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
CLAIM NUMBER	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2		1				TOTAL IND.					
TOTAL DEP.	20						TOTAL DEP.					
TOTAL CLAIMS	22						TOTAL CLAIMS					

BEST AVAILABLE COPY